

SPECIAL PROJECT AFTER ACTION REPORT

Student name: _____ Intern Session: _____

Supervisor name: _____ Base: _____

Event or Activity: _____

Date and Time: _____

of Participants: _____

Total Profit or
<Loss> _____

Weather Conditions: _____

Describe Event: _____

What Went Well: _____

Suggestions for
Improvement: _____

Please mail to:

CNI MILLINGTON DET N253
ATTN: MWR INTERN PROGRAM
5720 INTEGRITY DRIVE BLDG 457
MILLINGTON, TN 38055-6540